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TO THE EDITOR, *British Journal of Venereal Diseases*

Anal smear test to diagnose occult anorectal infection with human papillomavirus in men

Sir,
Infection of the female genital tract with human papillomavirus (HPV) has assumed increasing importance since the cytological recognition of an occult form (non-condylomatous) indicated that its true prevalence is much higher than previously suspected.^{1,2} Indeed its role as a possible aetiological agent (or co-factor) in the development of cervical, vulval, and vaginal squamous cell carcinoma has been postulated.³ Recent identification of deoxyribonucleic acid (DNA) sequences of herpes simplex virus (HSV) subtypes in tumours⁴ (Zur Hausen H, personal communication) and of humoral markers in serum⁵ of patients with cervical cancer have lent credence to the hypothesis. The biology of tumour development has not been ascertained, although association with recognised oncogenic "permissive" factors of immune deficiency in kidney transplant recipients has been described.⁶

Recent demonstration of the acquired immune deficiency syndrome (AIDS) and lesser immunosuppression in homosexual men, and the associated instances of viral opportunism in this group,⁷ the high incidence of HSV,⁸ and the knowledge that condylomata are common, have led us to initiate a study to determine the incidence of non-condylomatous HPV infection of the anal canal by cytological means. Sporadic cases of anorectal cancer in homosexual men, occurring in a younger age group than usual, have been described, and the worldwide increasing incidence and mortality of invasive squamous cell cancer in young women (under 40 years)^{9,10} (often with an explosive course) would lead us to expect a possible similar increase in this group of men, 30-40% of whom may have some form of immune deficiency.⁷

To assess the feasibility of simple cytological diagnosis of occult anorectal HPV infection, we studied 102 homosexual men, aged 20 to 85 (mean age 32, median age 28). Anal smears were taken under proctoscopic vision from the level of the dentate line, processed in the same manner as routine Papanicolaou smears from women, and were all reviewed by me. Cytodiagnosis of HPV infection in smears from men presents morphological differences from those from women (Medley G and Drake M, unpublished observation). The finding of a transformation zone (squamocolumnar junction), however, with the capacity for metaplastic change, suggests, and can be shown to have, a possible vulnerability to development of dysplastic or precancerous change akin to the cervical transformation zone.

The results of the study are given in the table. Of 102 patients, 45 (44%) had features of HPV infection. Many had

	Patients (n = 102)	Smears (n = 111)
HPV infection without atypia	18	20
HPV infection with minor warty atypia	16	19
HPV infection with mild or moderate dysplasia (CIN I or 2*)	11	14
Total HPV infection	45	53
Non-specific inflammatory changes	16	16
No features of HPV infection	41	42

*Cervical intraepithelial neoplasia I or II

previously had surgical or medical treatment for external anal condylomata, and a few still had them (two of the men with features of HPV infection and three of those without. This study will form the nucleus of a much larger prospective investigation and all patients will have documentation of current immunological status by customary protocol for such investigations, and be assessed both immunologically and cytologically at six monthly intervals. I thus hope to monitor the behaviour of this infection in a potentially immunocompromised group, and learn more of the biology of viral oncogenesis, if in fact this is a true hazard of this disease.

I am deeply indebted to Dr Rex Melville who took the smears, without whose skill

and care the study would have been impossible.

Yours faithfully,
Gabriele Medley

Department of Anatomical Pathology,
Prince Henry's Hospital and Victorian
Cytology (Gynaecological) Service,
Melbourne, Australia

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TO THE EDITOR, *British Journal of Venereal Diseases*

Buschke-Loewenstein tumour and laser treatment

Sir,
We read with great interest the article of Harvey, Glen, and Watson entitled "Buschke-Loewenstein tumour of the penis" which was recently published in the *British Journal of Venereal Diseases*.¹ The authors described a 30 year old married man with giant condylomata acuminata of the penis which were treated by subtotal amputation of the penis. In the article the authors stated: "Laser treatment would have required an experienced operator; although it has been used in simple condylomata acuminata, it would not have been easy to assess the depth of the tumour."

We recently published a case report on a 76 year old patient with giant condylomata acuminata of the scrotum which had been present for more than 20 years, but without showing malignant degeneration.² This patient has been treated with carbon dioxide laser with excellent results and has had no recurrence in three years' follow up. On the basis of our patient and other published reports,^{3,4} we strongly recommend that laser treatment should be the treatment of choice in cases of Buschke-Loewenstein tumour. With laser treatment, one can avoid such traumatic treatment as

amputation of the penis in a 30 year old patient.

Yours faithfully,
A Ingber
M H Grunwald
E J Feuerman

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Beilinson Medical Center,
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Sackler School of Medicine,
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Notices

International Conjoint STD Meeting

to be held on 17-21 June 1984 in Montreal, Quebec, Canada

32nd General Assembly of the International Union against Venereal Diseases and Treponematoses in association with the:

American Venereal Diseases Association,
STD Division of Canadian Public Health
Association,
Association of Medical Microbiologists of
Canada,
Canadian Infectious Diseases Society,
Canadian Society for Tropical Medicine
and International Health, and
L'Association des Medecins Microbiolo-
gistes de la Province de Quebec.

Information, registration forms, and
abstracts forms obtainable from:
International Conjoint STD Meeting,
c/o Dr Richard Morisset,
739 Dunlop Street, Montreal,
Quebec, Canada H2V 2W5
(Tel: 514-737-9721)

Programme will include the epidemiology,
community health and social impact,
pathogenesis, biology, diagnosis, manage-
ment (treatment, follow up, prevention) of
STD caused by *Neisseria gonorrhoeae*,
Treponema pallidum, *Chlamydia tracho-*
matis, genital mycoplasmas, fungal and
parasitic agents, viruses (including HSV,
CMV, papilloma, hepatitis, etc), and enteric
pathogens. Other subjects will include
genital ulcers, STD in women (including
vaginitis, urethral syndromes, STD in
pregnancy, PID, and sterility), neoplasia
and STD, STD in developing countries, and
AIDS.

References

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3. Hahn GA. Carbon dioxide laser surgery in treatment of condylomata. *Am J Obstet Gynecol* 1981;141:1000-8.
4. Rosemberg SK, Fuller T, Jacobs H. Continuous wave carbon dioxide laser treatment of giant condylomata acuminata of the distal urethra and perineum. *Technique* 1981;6:827-9.

Registration fees: CAN \$200.00, for spouse and family member \$75.00.

Accommodation booked direct with:

Queen Elizabeth Hotel,
900 West, Dorchester Boulevard,
Montreal, Quebec, Canada H3B 4A5
(Tel: 514-861-3511).

Special flight fares from:

Always Travel,
c/o Norma Rohr,
1260 University, Suite 403,
Montreal, Quebec, Canada H3B 3J8
(Tel: 514-861-8295 or 861-2651).

Notices of meetings—submission for publication in the *British Journal of Venereal Diseases*

Notices have been received too late to be published in time for readers of the journal to apply to attend meetings.

Notices of meetings should be sent to the Editor at least three months before the publication date of the issue in which they are to appear. That issue should be the one to appear at least a month before the closing date for applications. As the journal is only published on alternate months, notices should therefore be submitted at least six months before the date of any meeting. They should be sent to the Editor, Dr A M McMillan, Department of Genitourinary Medicine, Royal Infirmary, Edinburgh EH3 9YW.

Society for Cutaneous Ultrastructure Research

The 11th Annual Meeting of the SCUR will be held at Helsinki University, Finland, from June 17 to 20, 1984. Dermatologists, pathologists, and other interested scientific workers are invited to participate. For details and registration forms please write to: Dr Kirsti Maria Niemi, Secretary of the Organising Committee, Department of Dermatology, Helsinki University Hospital, Snellmaninkatu 14, Helsinki 17, Finland.

Italian Society of Dermatology and Venereology

The 61st National Congress of the Italian Society of Dermatology and Venereology will be held in Rome from 31 May to 2 June 1984.

For further information please contact Professor F Ippolito, Secretary, Italian Society of Dermatology and Venereology, Istituto Dermatologico S Gallicano, Via S Gallicano 25/a, 00153 Rome, Italy.